

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Wentons</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Wentons</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>2</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Henry</u> (Middle) <u>Byrd</u> (Last) <u>Byrd</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 12-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE last birthday <u>78</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. FATHER'S NAME <u>Morris Byrd</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Charles Jones Wentons Md</u>		18. MOTHER'S MAIDEN NAME <u>Mary Parker</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Chronic myocarditis</u>			<u>2 years</u>
Antecedent cause(s) (b) <u>422.2 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

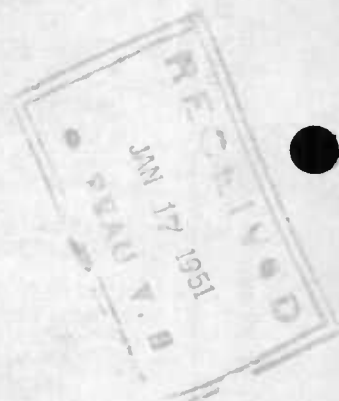
22. I hereby certify that I attended the deceased from April 10, 1947, to Jan 13<sup>th</sup>, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE <u>Eaton G. Matheson M.D.</u> (Degree or title)		ADDRESS <u>Success Anne md</u>		DATE SIGNED <u>1-15-51</u>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>Jan 16-51</u>	NAME OF CEMETERY OR CREMATORY <u>Wentons</u>	LOCATION (City, town, or county) <u>Wentons Somerset Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>1/15/51</u>	REGISTRAR'S SIGNATURE <u>R.D. Johnson M.D.</u>	24. FUNERAL DIRECTOR <u>Charles Howard</u>		ADDRESS <u>820105 Madison Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Somerset COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		LENGTH OF STAY (in this place) 30 years		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gandy Avenue				STREET ADDRESS Gandy Ave. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) AMEDIA (First) FRANCES (Middle) DISE (Last)				4. DATE OF DEATH Jan. 21, 1951 (Month) (Day) (Year)	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 18, 1880	9. AGE last birthday 90 yrs. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (State or foreign country) Holland Island, Md.	
13. FATHER'S NAME Ephriam Price				14. MOTHER'S MAIDEN NAME Leah Ann Parks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Mrs. Ethel Windsor - Gandy Ave. Crisfield, Md.	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

332x Immediate cause (a) Cerebral Thrombosis 7 days

831 Antecedent cause(s) (b) Arteriosclerosis, generalized

(c)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 15, 1951, to Jan 21, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 23, 1951	NAME OF CEMETERY OR CREMATORY East New Market Cemetery East New Market, Md.	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG. 1-23-51	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

720826



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) OR Five nearest town		CITY (If outside corporate limits, write RURAL and give nearest town) OR Five nearest town	
TOWN Crisfield		TOWN Rural Crisfield, Md	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashbury Ave		STREET ADDRESS (If rural give location) Ashbury Ave	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
Emma E. Commenz		1 3 1951	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, SPECIAL		8. DATE OF BIRTH 2/6/1862	
9. AGE last birthday 88 yrs.		10. BIRTHPLACE (State or foreign country) Fairmount Md	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITY OF WHAT COUNTRY U.S.	
13. FATHER'S NAME Isaac Naughty		14. MOTHER'S MAIDEN NAME Henrietta High	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS William M. Sterling		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

## Antecedent cause(s)

(b)

Thrombosis of Left Leg -

3 days

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Atherosclerosis

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1950, to Jan. 3, 1951, that I last saw the deceased

alive on Jan. 3, 1951, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Sarah J. Peyton M.D.

Crisfield, Md

1/4/51

## 23. BURIAL, CREMATION, OR REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4/5/51

Betty W. Tyler

William Tucker Baltimore Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for addition MARYLAND STATE DEPARTMENT OF HEALTH  
in 18 & 21 shown on:

2411 N. Charles Street, Baltimore

0858

FILE No. G 130 JAN 19 1951 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
TOWN <u>Crisfield</u>		TOWN <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCreedy</u>		STREET ADDRESS (If rural give location) <u>222 N. Fourth St</u>	
3. NAME OF DECEASED (First) <u>Hellen</u> (Middle) <u>L.</u> (Last) <u>Evans</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>1</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 27-1924</u>
9. AGE last birthday <u>26</u> yrs. <u>10</u> months <u>3</u> days		10. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	
11. BIRTHPLACE (State or foreign country) <u>Crisfield Somerset, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John H. Evans</u>		14. MOTHER'S MAIDEN NAME <u>Russie R. Miles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>(If year, give war or dates of service)</u>	
17. INFORMANT <u>John H. Evans Crisfield Md</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Anoxia</u>			
Antecedent cause(s) (b) <u>generalized tetanus</u>			<u>6 days</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Portal of entry - small wound right forearm sustained 7 days prior to onset of illness (1/22/51 akc)</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>Crisfield</u>	(CITY OR TOWN) <u>Somerset</u> (COUNTY) <u>Maryland</u> (STATE)
TIME (Month) (Day) (Year) (Hour) <u>12</u> OF INJURY <u>12</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>burning self on stove</u>

22. I hereby certify that I attended the deceased from Dec 27, 1950, to Jan 1, 1951, that I last saw the deceased

alive on Jan 1, 1951, and that death occurred at 12:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alberta Malcarney Mattar M.D. ADDRESS Crisfield, Md. DATE SIGNED Jan 2, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan 4 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>	LOCATION (City, town, or county) <u>Crisfield Somerset, Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>1/3/51</u>	REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>Charles H. Ward</u>	ADDRESS <u>Marion Md</u>	

093888

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS (If rural, give location) Gandy Ave.	
3. NAME OF DECEASED (Type or Print) ROBERT JAMES FORD		4. DATE OF DEATH Jan. 27, 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 9, 1888
9. AGE last birthday 62 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY House Painting	
11. BIRTHPLACE (State or foreign country) near Pooomoke, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Ford		14. MOTHER'S MAIDEN NAME Grace Lankford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Gandy Ave. Mrs. Maude Ford---Crisfield, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
260x Immediate cause (a) Diabetic acidosis			24 hrs.
61 Antecedent cause(s) (b) Diabetes mellitus			years
(c) Caruncle			2 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work Not While At work	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 12, 1951, to Jan 27, 1951, that I last saw the deceased alive on Jan 27, 1951, and that death occurred at 4:25 A.M., from the causes and on the date stated above.			
SIGNATURE Harry Mattox, M.D.		DATE SIGNED Jan 29, 1951	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Jan. 30, 1951	
NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		LOCATION (City, town, or county) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1/30/51 Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	

564246

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



#15.Evidence shown on Film G132

4/18/51 JT.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural		CITY (If outside corporate limits, write RURAL and give nearest town) Rural -- Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crisfield		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) RAYMOND (Middle) LEE (Last) FOXWELL		4. DATE OF DEATH Jan. 7, 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Nov. 25, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Shipbuilding	9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Wicomico County, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John L. Foxwell		14. MOTHER'S MAIDEN NAME Florence A. Powell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give year or dates of service) WWI		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Susie Foxwell--Rural, Crisfield			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3/4 hr.

## Antecedent cause(s)

(b)

arteriosclerosis, generalized

yes

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Nephritis, Chronic, Glomerular

2

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

Duodenal Ulcer, Chronic, active,

2

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 22, 1949, to Jan 7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Jan. 10, 1951	NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	LOCATION (City, town, or county) Marlton, Maryland	(State)
DATE REC'D BY LOCAL REG. 1/10/51	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield	ADDRESS	

510 378

MARGIN RESERVED FOR BINDING

VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>BESSIE</u> (First) (Middle) (Last) <u>HOLLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1951</u> 19	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 1, 1879</u>
9. AGE last birthday <u>71</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Somerset County, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Alexander Adams</u>		14. MOTHER'S MAIDEN NAME <u>Isabelle Parks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>Stewart Holland--Marion, Md.</u>	
17. INFORMANT AND ADDRESS <u>Stewart Holland--Marion, Md.</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute Dil of Heart Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

6 hrs

Antecedent cause(s)

(b) Ischemic Obstruction

4 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic Dil of Heart, myocarditis, double pneumonia

nothing

#### 19a. DATE OF OPERATION

Jan 16 1951

#### 19b. MAJOR FINDINGS OF OPERATION

Obstruction of blood: 2 feet of coron. blood pressure

#### 20. AUTOPSY?

Yes ☐ No ☒

#### 21. ACCIDENT SUICIDE HOMICIDE

no

#### PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY no m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1951, to Jan. 16, 1951, that I last saw the deceased

alive on Jan. 16, 1951, and that death occurred at 1:45 P.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

#### 23. BURIAL, CREMATION REMOVAL (Specify)

burial

#### DATE THEREOF

Jan. 19, 1950

#### NAME OF CEMETERY OR CREMATORY

St. Paul's Cemetery

#### LOCATION (City, town, or county)

Marion, Maryland

(State)

#### DATE REC'D BY LOCAL REG.

1/18/51

#### REGISTRAR'S SIGNATURE

Betty Massey

#### 24. FUNERAL DIRECTOR

Bradshaw Funeral Parlors, Crisfield

#### ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



Evidence for change  
in 9 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

FILE No. G 130 FEB 8 1951

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Mt Vernon</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt Vernon</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Lynnie</u> (First) <u>Ethel</u> (Middle) <u>McIntyre</u> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31</u> <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Feb 22 1886</u> <u>64</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	
11. BIRTHPLACE (State or foreign country) <u>Mt Vernon, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Chen Murray</u>		14. MOTHER'S MAIDEN NAME <u>Mary Austin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Murray McIntyre, Mt Vernon, Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>General Metastatic Carcinoma</u>			
Antecedent cause(s) (b) <u>Primary Carcinoma - Liver</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>1/8/51</u>			
19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Carcinoma</u>			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Dec 7 50</u> m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 7, 1950</u> , to <u>Jan. 31, 1951</u> , that I last saw the deceased alive on <u>Jan. 8, 1950</u> , and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.			
SIGNATURE <u>Heer. B. Whitlock</u>		DATE SIGNED <u>2/4/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb 2, 1951</u>	
NAME OF CEMETERY OR CREMATORY <u>Grace Episcopal Cemetery</u>		LOCATION (City, town, or county) (State) <u>Mt Vernon Md.</u>	
DATE REC'D BY LOCAL REG. <u>2/2/51</u>		REGISTRAR'S SIGNATURE <u>R. E. Johnson</u>	
24. FUNERAL DIRECTOR <u>Sale Washell</u>		ADDRESS <u>Princess Anne, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH- COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Ind</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Marietta</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Marietta</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Leon</u> (First) <u>B</u> (Middle) <u>Milbourne</u> (Last)		4. DATE OF DEATH <u>Jun</u> (Month) <u>7</u> (Day) <u>1951</u> (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married June 17-1905</u>	8. DATE OF BIRTH <u>June 17-1905</u>
9. AGE last birthday <u>45</u> yrs. <u>6</u> Months <u>24</u> Days		10. KIND OF BUSINESS OR INDUSTRY <u>Sea food work</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Milbourne</u>		14. MOTHER'S MAIDEN NAME <u>Sallie Stockly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>212-14-4340</u>	
(If year, give war or dates of service)		17. INFORMANT AND ADDRESS <u>John Milbourne Marietta Ind</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
430.1 Immediate cause (a) <u>Coronary Disease</u>			
131.5 Antecedent cause(s) (b) <u>Chronic myocarditis - Chronic Int. Nephritis</u>			<u>year or two</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 7, 1951, to Jan 7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

SIGNATURE <u>George B. Chalmers MD</u>	(Degree or title)	ADDRESS <u>Marietta Ind</u>	DATE SIGNED <u>1/10/51</u>
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan 11-1951</u>	NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>	LOCATION (City, town, or county) (State) <u>Marietta Somerset Ind</u>
DATE REC'D BY LOCAL REG <u>January 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>Charles Howard</u>	ADDRESS <u>Marietta Ind</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

970408



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *260*

1. PLACE OF DEATH COUNTY <i>Somerset</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Princess Anne</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Princess Anne</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Antioch Ave</i>		STREET ADDRESS (If rural, give location) <i>Antioch ve.</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>Herman</i> (Middle) <i>Stanley</i> (Last) <i>Muir</i>		4. DATE OF DEATH Jan. 28 5d	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 30, 1897</i>
9. AGE last birthday <i>53</i> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>bobby works</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Harry Muir</i>		14. MOTHER'S MAIDEN NAME <i>Anna Sexton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY No. <i>no</i>	
17. INFORMANT AND ADDRESS <i>Capt. Herman Muir, JR. Pr. Anne, Md.</i>			

### 18. MEDICAL CERTIFICATION

#### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Cardiorespiratory failure*

Antecedent cause(s)

(b) *Extensive Bronchogenic*

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) *Carcinoma with metastases*

INTERVAL BETWEEN ONSET AND DEATH  
*2 weeks*

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

*none*

19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE <i>none</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <i>none</i>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>none</i> m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *11/29, 1950*, to *1/28, 1951*, that I last saw the deceased alive on *1/27, 1951*, and that death occurred at *3:45 a.m.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

*Robert Callcott, M.D. Princess Anne, Md. 1/29/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>burial</i>		DATE THEREOF <i>1-30-1951</i>		NAME OF CEMETERY OR CREMATORY <i>St. Andrew Cemetery</i>		LOCATION (City, town, or county) <i>Princess Anne, Md</i>	
DATE REC'D BY LOCAL REG. <i>1/30/51</i>		REGISTRAR'S SIGNATURE <i>R. S. Johnson</i>		FUNERAL DIRECTOR <i>Levin B. Wilson</i>		ADDRESS <i>B. Princess Anne, Md. 550816</i>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH - COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Neenah</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Morris</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Willards</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>to Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Lillian</u> (Middle) <u>Mary</u> (Last) <u>Savage</u>	4. DATE OF DEATH	(Month) <u>Jan</u> (Day) <u>24</u> (Year) <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>George West</u>		14. MOTHER'S MAIDEN NAME <u>Mary Alphonse</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT AND ADDRESS <u>Chelene Twilley Willards Md.</u>	
16. SOCIAL SECURITY NO. <u></u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Acute Dis. of Heart Muscle</u>			<u>1 week</u>
Antecedent cause(s) (b) <u>Chronic Dis. of Heart Muscle</u>			
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Severe Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS/ Conditions contributing to the death but not related to the disease or condition causing death. <u></u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u></u>	(CITY OR TOWN) <u></u> (COUNTY) <u></u> (STATE) <u></u>
HOMICIDE		INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u></u>		INJURY OCCURRED While at <u>Work</u> Not While <u>At work</u>	HOW DID INJURY OCCUR? <u></u>
22. I hereby certify that I attended the deceased from <u>Jan 24, 1951</u> , to <u>Jan 24, 1951</u> , that I last saw the deceased alive on <u>Jan 24, 1951</u> , and that death occurred at <u>9:30 p.m.</u> from the causes and on the date stated above.			
SIGNATURE <u>Surgeon General</u>		DATE SIGNED <u>Jan 25, 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>1-28-51</u>	NAME OF CEMETERY OR CREMATORY <u>Line Church</u>
LOCATION (City, town, or county) <u>Willards</u>		(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>1/27/51</u>		REGISTRAR'S SIGNATURE <u>Betty Massey</u>	24. FUNERAL DIRECTOR <u>Mrs. M. Pasha Watson</u>
		ADDRESS <u>Selbyville</u>	

VS. A15

RECEIVED  
JAN 31 1951  
O. READ V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Somerset COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield	
TOWN Crisfield		TOWN Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital		STREET ADDRESS Chesapeake Ave. Ext.	
3. NAME OF DECEASED (First) CHARLES (Middle) WESLEY (Last) WARD		4. DATE OF DEATH Jan. 3, 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 11, 1946
9. AGE last birthday 54 yrs.		10. CITIZEN OF WHAT COUNTRY?	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		12. BIRTHPLACE (State or foreign country) Crisfield, Maryland	
13. FATHER'S NAME Brendall Ward		14. MOTHER'S MAIDEN NAME Nancy Price	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Mrs. Marie Ward---Chesapeake Ave., Ext.		18. MEDICAL CERTIFICATION	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X Immediate cause (a) Chronic & Acidosis

1315 Antecedent cause(s) (b) Chronic Glomerulonephritis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

10 days undet.

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1950, to Jan. 3, 1951, that I last saw the deceased

alive on Jan. 3, 1951, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1/5/50

Betty W. Tyler

Bradshaw Funeral Parlors, Crisfield

550816

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
JAN 8 1951  
BUREAU V. B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Antonia, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>	
TOWN <u>Antonia, Md.</u>		TOWN <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Anna</u> (First) <u>L.</u> (Middle) <u>Waters</u> (Last)		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-12-1888</u>
9. AGE last birthday <u>62</u> yrs.		10. AGE last birthday If under 1 year: Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>	
11. BIRTHPLACE (State or foreign country) <u>Somerset County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Stanley Fields</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Bozman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>  </u> (If yes, give war or dates of service) <u>  </u>		16. SOCIAL SECURITY No. <u>  </u>	
17. INFORMANT AND ADDRESS <u>Sarah Bozman, Chester Pa.</u>		18. MEDICAL CERTIFICATION	

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) General Metastatic

## INTERVAL BETWEEN ONSET AND DEATH

none

## Antecedent cause(s)

(b) Carcinoma Uterusnone

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

Oct. 1950

## 19b. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)    (CITY OR TOWN) | (COUNTY) | (STATE) || TIME (Month) (Day) (Year) (Hour) OF INJURY    m. | | INJURY OCCURRED While at ☐ Not While ☐ At work ☐ | |
| HOW DID INJURY OCCUR? | | HOW DID INJURY OCCUR? | |
22. I hereby certify that I attended the deceased from Oct. 16, 1950, to Jan. 16, 1951, that I last saw the deceasedalive on Jan. 15, 1951, and that death occurred at 11:52 m., from the causes and on the date stated above.SIGNATURE Thos. B. Whaley M.D. (Degree or title)ADDRESS Princess Anne, Md.DATE SIGNED 1/17/51

## 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 1-21-51 NAME OF CEMETERY OR CREMATORY Grace | LOCATION (City, town, or county) Venton, Md. | (State) Md. || DATE REC'D BY LOCAL REG. 1/19/51 | | REGISTRAR'S SIGNATURE R. L. Johnson, M.D. | |
| 24. FUNERAL DIRECTOR William A. James Jr. | | ADDRESS Princess Anne, Md. | |

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

754679

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

RECEIVED  
JAN 28 1951  
U. S. DEPT. OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

## MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 268

1. PLACE OF DEATH - COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Deal Island</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Deal Island</u>	
TOWN <u>Deal Island</u>		TOWN <u>Deal Island</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>—</u>		STREET ADDRESS (If rural, give location) <u>—</u>	
3. NAME OF DECEASED (Type or Print) <u>Corbyle</u> (First) <u>Preston</u> (Middle) <u>Webster</u> (Last)		4. DATE OF DEATH <u>Jan 8</u> (Month) (Day) (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Nov 4, 1881</u> 65 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>fisherman</u>		11. BIRTHPLACE (State or foreign country) <u>Deal Island Md</u>	
13. FATHER'S NAME <u>William Webster</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		17. INFORMANT <u>Mrs. Lemuel Howard (sister)</u>	

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 Immediate cause  
Antecedent cause(s)  
950 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Acute Heart Disease  
(b) Chronic Heart Disease  
(c)

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 21. EXTERNAL CAUSE WAS

PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.PLACE (Home, farm, factory, street, OF office bldg., etc.) Home INJURYTIME (Month) (Day) (Year) (Hour) OF INJURY — m.INJURY OCCURRED While at work ☐ Not while at work ☒HOW DID INJURY OCCUR? —

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REBURYAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan 10-51Lula J. WhalleyW. Webster Deal Island Md

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> <u>Somerset</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Chesapeake Ave.</u>		STREET ADDRESS <u>Chesapeake Ave.</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>KATHRYN</u> (First) <u>WHITNEY</u> (Middle) <u>WHITNEY</u> (Last)		4. DATE OF DEATH <u>Jan. 1, 1951</u> (Month) (Day) (Year)	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>1903</u>
9. AGE last birthday <u>47</u> yrs.		10. If under 1 year Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>Bwell, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Charles Lewis</u>		14. MOTHER'S MAIDEN NAME <u>Emma Hurley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Wilton Whitney--Chesapeake Ave. Crisfield, Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Tuberculosis lungs, intestines</u>		
Antecedent cause(s) (b) <u>Enlarged liver - Spleen</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Polycythemia Vera.</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Jan. 1, 1951, that I last saw the deceased alive on Jan. 1, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE S. M. Peyton (Degree or title) ADDRESS Crisfield, Md. DATE SIGNED Jan. 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan. 3, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u>	LOCATION (City, town, or county) (State) <u>Crisfield, Maryland</u>
DATE REC'D BY LOCAL REG. <u>1/3/51</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR ADDRESS <u>Bradshaw Funeral Parlors, Crisfield</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCreedy Hosp.</u>		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Virginia</u> COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Tangier</u> STREET ADDRESS (If rural, give location) <u>Tangier</u>	
3. NAME OF DECEASED (Type or Print) <u>Peter Gressette Williams</u> (First) (Middle) (Last)		4. DATE OF DEATH <u>Jan. 13 1951</u> (Month) (Day) (Year)			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug 27, 1871</u>	9. AGE last birthday <u>79</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dealer (owner)</u>		11. BIRTHPLACE (State or foreign country) <u>Gloucester Co. Virginia</u>	
13. FATHER'S NAME <u>Rayton Williams</u>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Harmer Williams, Tangier, Va</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) <u>Coronary thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>
Antecedent cause(s) (b) <u>Arterio sclerosis</u>	<u>years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Carcinoma prostate</u>	<u>1 1/2 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma or tumor of bladder.</u>	<u>1 1/2 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1947, to Jan., 1951, that I last saw the deceased alive on Jan. 13, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Jan. 17, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Tangier Ridge</u>	LOCATION (City, town, or county) <u>Crisfield, Md</u> (State) <u>Va</u>
DATE REC'D BY LOCAL REG. <u>1/15/50</u>	REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>	24. FUNERAL DIRECTOR <u>Harwood D. Conington</u>	ADDRESS <u>Crisfield, Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

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